

# ACCOUNT CHANGE OR CLOSURE FORM INSTRUCTIONS

THE ACCOUNT CHANGE OR CLOSURE FORM MUST BE USED TO NOTIFY THE DEPARTMENT OF NAME/ADDRESS CHANGES, OR TO NOTIFY THE DEPARTMENT THAT YOU ARE NO LONGER LIABLE FOR COLORADO SALES TAX, WITHHOLDING TAX, RETAILER'S USE TAX, OR TRADE NAME.

## CHANGE IN OWNERSHIP

If there has been a change in ownership and you are the new owner, you must request a Colorado Business Registration (CR 0100) for a new account to be established.

## F.E.I.N.

This is your federal employer's identification number. If the F.E.I.N. space on the Account Change or Closure form is blank, please enter your number. If the number printed is not correct, please make any necessary changes.

**NOTE:** A new F.E.I.N. will require a new Department of Revenue Account. Please fill out a Colorado Business Registration Form (CR 0100).

## CHANGE OF NAME/ADDRESS

Use the right hand block to change any portion of your name/address. Mail the completed form to the Department of Revenue and continue to file the returns in your booklet. If you are changing a corporate name, you must include the Amended Articles of Incorporation from the Secretary of State's Office.

**NOTE:** If you relocated to a new address in a different city and/or county, the sales tax rates are likely to be different from your previous location and there may be other types of taxes at the new location (for example, RTD, local taxes, etc.). You would need to file two sales tax returns - one for the previous location and one for the new location. For example, if you file a monthly return and on the 15th moved from El Paso County to Douglas County, you would need to file one return for sales tax activity that occurred while still in El Paso County and a second return for sales tax activity in Douglas County.

## IMPORTANT

DO NOT make changes to the name and address on your returns after you have notified the Department on the Account Change or Closure Form.

## DATE OF CLOSURE

Check the appropriate tax type box and indicate the **date your account should be closed**. This box should be checked **ONLY** if:

1. Your business was sold or discontinued.
2. You are no longer liable for the tax indicated.
3. The structure of your business changed and a new Federal Employer's I.D. Number (F.E.I.N.) was issued.
4. Your corporation merged into another corporation.

Mail the completed forms to: Department of Revenue  
Registration Control Section  
1375 Sherman Street  
Denver, CO 80261-0009



DR 1102 (09/17/04)

## ACCOUNT CHANGE OR CLOSURE FORM

USE THIS FORM TO NOTIFY THE DEPARTMENT OF NAME AND/OR ADDRESS CHANGES OR TO NOTIFY THE DEPARTMENT THAT YOU WANT TO CLOSE YOUR ACCOUNT.

|   |       |  |   |
|---|-------|--|---|
|   |       | <b>DATE ACCOUNT CLOSED:</b>  |   |
|   |       | <input type="checkbox"/> Sales Tax _____   | <input type="checkbox"/> Entire Account _____ |
|   |       | <input type="checkbox"/> Withholding Tax _____   | <input type="checkbox"/> Other _____          |
| ACCOUNT NO.   |       | F.E.I.N./SSN   |   |
| <b>ADDRESS CHANGE ONLY</b>  |       |  |   |
| PREVIOUS/CURRENT NAME AND ADDRESS   |       | NEW NAME AND ADDRESS   |   |
| Name  |       | Name   |   |
| Address   |       | Address  |   |
| City  | State | ZIP  | City  |
| Telephone Number  |       | Telephone Number   |   |
| <b>MAIL TO: COLORADO DEPARTMENT OF REVENUE<br/>REGISTRATION CONTROL SECTION<br/>1375 SHERMAN STREET B 132<br/>DENVER, COLORADO 80261-0009</b> |       | <input type="checkbox"/> Mailing Address <input type="checkbox"/> Physical Address <input type="checkbox"/> Both |   |
|   |       | Authorized Signature   |   |
| Please indicate county where business is located  |       |  |   |
| County _____  |       | <input type="checkbox"/> Inside City <input type="checkbox"/> Outside City                                       |   |